

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****May 01, 2001 08:00 AM****Secretary of State****DOCUMENT # N28910**

1. Entity Name

HARVARD CLUB OF THE WEST COAST OF FLORIDA, INC.

Principal Place of Business

Mailing Address

11911 SKYLAKE PLACE

11911 SKYLAKE PLACE

TEMPLE TERRACE

FL

TEMPLE TERRACE

FL

33617

US

33617

US

2. Principal Place of Business

4417 W. SAN CARLOS STREET

3. Mailing Address

4417 W. SAN CARLOS STREET

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

TAMPA

FL

City & State

TAMPA

FL

4. FEI Number

59-2909962

Applied For

Not Applicable

Zip

33629

Country

US

Zip

33629

Country

US

5. Certificate of Status Desired

☐**\$8.75** Additional
Fee Required**6. Name and Address of Current Registered Agent**

WOTOVICH STEVE

11911 SKYLAKE PLACE

TEMPLE TERRACE

FL

33617

US

7. Name and Address of New Registered Agent

Name

THOMAS STACEY LMRS.

Street Address (P.O. Box Number is Not Acceptable)

4417 W. SAN CARLOS STREET

City

TAMPA

FL

Zip Code

33629

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE **STACEY L. SERAFINI THOMAS****05/01/2001**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstalling)

DATE

FILE NOW:**FEE IS \$61.25**9. Election Campaign Financing
Trust Fund Contribution.☐**\$5.00** May Be
Added to Fees**Make Check Payable to
Department of State****10. OFFICERS AND DIRECTORS**

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	GILBERT GORDON	
STREET ADDRESS	500 PASADENA AVE SOUTH	
CITY-ST-ZIP	SAINT PETERSBURG FL 33707	
TITLE	D	<input type="checkbox"/> Delete
NAME	THAYER A B	
STREET ADDRESS	FT KING HWY, P O BOX 429 N/A	
CITY-ST-ZIP	THONOTOSASSA FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	GRAHAM D A	
STREET ADDRESS	614 W BAY STREET	
CITY-ST-ZIP	TAMPA FL 33606	
TITLE	ST	<input type="checkbox"/> Delete
NAME	WOTOVICH STEVE	
STREET ADDRESS	11911 SKYLAKE PLACE	
CITY-ST-ZIP	TEMPLE TERRACE FL 336171670	
TITLE	P	<input type="checkbox"/> Delete
NAME	PAVAN REED	
STREET ADDRESS	4414 W DALE AVE	
CITY-ST-ZIP	TAMPA FL 336093707	
TITLE	V	<input type="checkbox"/> Delete
NAME	GOLDSBY JEFFREY	
STREET ADDRESS	141 E DAVIS BLVD #104	
CITY-ST-ZIP	TAMPA FL 33606	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GILBERT GORDON	
STREET ADDRESS	500 PASADENA AVENUE SOUTH	
CITY-ST-ZIP	SAINT PETERSBURG FL 33707	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PAVAN REED	
STREET ADDRESS	4414 W. DALE AVENUE	
CITY-ST-ZIP	TAMPA FL 33609	
TITLE	P/S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WOTOVICH STEVE	
STREET ADDRESS	11911 SKYLAKE PLACE	
CITY-ST-ZIP	TEMPLE TERRACE FL 336171670	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THAYER A B	
STREET ADDRESS	FT KING HWY, P O BOX 429 N/A	
CITY-ST-ZIP	THONOTOSASSA FL	
TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THOMAS STACEY LMRS.	
STREET ADDRESS	4417 W. SAN CARLOS STREET	
CITY-ST-ZIP	TAMPA FL 33629	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Stacey L. Serafini Thomas

T

05/01/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Day-time Phone #

CR2E037 (11/00)